Chronic Disease Data for Identified Health Issues of Concern for the Lewis and Clark County Community Health Improvement Plan

Topic	Size	Comparison to MT and US	Seriousness	Trends	Groups more affected (Health Disparities)	HP 2020 Target[1]
Chronic Disease						
Protective Factors						
Physical Activity (adult)	Not participating in enough physical activity to meet guidelines: 77.5% (2011) [2]	MT: 76.7% US: 79.5% (not statistically different)	Physical inactivity related to heart disease and diabetes, the #1 and #7 causes of death in Montana[3]	←→ in Montana (trend data not available in L & C)	Adults in our region are statistically more likely to meet physical activity guidelines than adults in eastern and central MT regions. In Montana adults with higher levels of education, income and without disabilities are statistically more likely to be physically active.[4]	Target: 24.1% of adults do enough muscle strengthening activities and 48% do enough aerobic activity weekly
Physical Activity (youth)	Physically inactive at least 5 of last seven days (less than 1 hour of activity): 48% Played video or computer games 3 or more hours a day on school days: 27.7%[5]	Not enough Physical Activity MT: 45%, US: 52% Screen Time MT: 29.7%, US: 41.3% (statistically significant difference between MT and US for both measures)	Physical inactivity related to heart disease and diabetes, the #1 and #7 causes of death in Montana[6]	Physical inactivity: ↓ (more than 20% since 2005 in MT) Screen time: ↗ (2011)-up to 33% in 2015	Female high school students significantly more likely to report low physical activity than males (52% vs. 40% in 2015)[7] High school students more likely to report physical inactivity (46%) than middle school students (34%) and students with disabilities are more likely to report physical inactivity than all students (54%) in 2015.[8]	Target: 31.6% meet physical activity guidelines for aerobic activity 73.9% of adolescents' view screens no more than 2 hours a day

[1] http://www.healthypeople.gov/2020/topics-objectives/
[2] 2011 Behavioral Risk Factor Surveillance Survey, CHA Page 16
[3] US and MT Vital Statistics, 2013. CHA Page 7
[4] BRFSS 2013.
[5] Youth Risk Behavior Survey, 2013. CHA Page 16.
[6] US and MT Vital Statistics, 2013. CHA Page 7
[7] 2015 YRBS full report and US/MT comparison from OPI website.
[8] 2015 YRBS full report and US/MT comparison from OPI website.

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Topic	Size	Comparison to MT and US	Seriousness	Trends	Groups more affected (Health Disparities)	HP 2020 Target
Access to healthy food (adults)	Eat less than one serving of vegetables daily (22%) Eat less than one serving of fruit daily (35.3%)[9] Have low food access: 19.9%	Vegetables: MT: 20.5%, US 22.9% Fruit: MT: 38.6%, US: 39.2% (not statistically different) Food access: MT 9.3%, US: 6.3%	Poor nutrition linked to a range of chronic diseases including heart disease, cancer and diabetes the #1, #2 and #7 causes of death in Montana.[10]	N/A	N/A	N/A
Access to healthy food (youth)	No fruit in the last week: 8.8% No vegetables in the last week: No data No breakfast in the last week: 12.4% One or more sodas per day in last week 17.3% (County significantly lower than US for soda)	No fruit MT 8.8%, US 10.6% No vegetables MT 3.9%, US 6.6% No breakfast MT 11.7%, US 13.7% Sodas: MT 18.2%, US 27.0% (Montana significantly lower than US for all)[11]	Poor nutrition linked to a range of chronic diseases including heart disease, cancer and diabetes the #1, #2 and #7 causes of death in Montana.[12]	←→ for vegetables and breakfast, inadequate fruit consumption which has ↓ and soda consumption which has ↓ since 2005[13]	American Indian students are almost twice as likely as white students to report no vegetable consumption in the last week. (8.3 versus 4.5% in 2015). Males are more likely to report drinking soda.[14]	N/A
Topic	**Size**	**Comparison to MT and US**	**Seriousness**	**Trends**	**Groups more affected (Health Disparities)**	**HP 2020 Target**

[9] 2011 and 2013 Behavioral Risk Factor Surveillance Survey, CHA Page 16
[10] US and MT Vital Statistics, 2013. CHA Page 7
[11] 2015 YRBS full report and US/MT comparison from OPI website. and CHA page 16
[12] US and MT Vital Statistics, 2013. CHA Page 7
[13] 2015 YRBS full report and US/MT comparison from OPI website.
[14] 2015 YRBS full report and US/MT comparison from OPI website.

Parental Knowledge About Healthy Food	No measure or population level data					N/A
Health Literacy	No measure at state or county level.	12% of US adults have proficient health literacy. 1/3 have difficulty with common health tasks.[15]	Limited health literacy is an independent risk factor for worse health status, hospitalization, and mortality.[16]	No data (last nationally representative sample was in 2003)	Almost half of adults without a high school education have below basic health literacy skills. Elderly also have higher levels of health literacy concerns. Medicaid and Medicare recipients have high levels of health literacy concerns.[17] 94.8% of L & C residents have a HS degree or higher.[18]	Objective: Percent of people age 18 years and older reported that instructions from health care providers were easy to understand in 2011 (Target 70.5%, Measure: Medical Expenditure Panel Survey)
Obesity						
Obesity (adult)	30.7%[19]	MT 24.6% US 29.4% (Montana statistically lower than US)	Contributes to heart disease, stroke, diabetes and some cancers, all leading causes of death.	Large increase in the past 20 years, leveling off nationally in past few years.[20]	41.5% of American Indian adults in Montana are obese. Individuals with lower levels of education, disabilities, and who are middle aged (35-54) are more likely to be obese.	Target: 30.5% (Measure from NHANES not BRFSS)
Topic	**Size**	**Comparison to MT**	**Seriousness**	**Trends**	**Groups more affected**	**HP 2020 Target**

[1515] National Assessment of Adult Literacy. http://health.gov/communication/literacy/issuebrief/
[16] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2533384/
[17] http://health.gov/communication/literacy/issuebrief/
[18] CHA page 14
[19] CHA page 24
[20] http://www.cdc.gov/obesity/data/adult.html

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		and US			(Health Disparities)	
Obesity (Youth)	15% Overweight 10.3% Obese	MT 9.4%, US 13.7% (statistically different)[21]	Contributes to heart disease, stroke, diabetes and some cancers, all leading causes of death.	Increasing nationally (up from 10.6% in 1999). Trend in Montana is flat since 2005.	In Montana youth, males and Native Americans are more likely to be obese.[22]	16.1% (Measure from NHANES not YRBS)
Diabetes						
Diabetes	6.6% of county residents have ever been diagnosed with diabetes.[23] L & C diabetes hospitalizations, 665.8 per 100,000.[24]	Prevalence: MT 7.6% Hospitalizations 822.5 per 100,000 US 9.8%[25]	2.9% of all deaths in Montana are attributable to diabetes.[26]	↗ in Montana since 1994 [27]	In Montana, American Indians, lower income, and education levels, those with disabilities and older adults are significantly more likely to have diabetes.[28]	N/A
Respiratory Disease						
Asthma	15.1% (ever diagnosed adults- significantly higher than MT and US) 19.8% (High School) 18.7% (Middle School)[29]	Adults: MT 13.4%, US 13.7% Youth: Montana HS students: 22.2% US: 19.8%	Inpatient admission rates in 2013 were 67.0 per 100K in L&C compared to 47.4 in MT, COPD admits also high	↗ in Montana since 2005 for youth.	High school students with disabilities are more likely to have asthma. Adults with lower levels of income and education, as well as adults with disabilities and adult females are more likely to have asthma.[30]	N/A
Topic	**Size**	**Comparison to MT**	**Seriousness**	**Trends**	**Groups more affected**	**HP 2020 Target**

[21] YRBS 2013. CHA page 13 and http://www.cdc.gov/healthyschools/npao/pdf/us_obesity_trend_yrbs.pdf
[22] 2015 YRBS full report and US/MT comparison from OPI website.
[23] BRFSS 2011-2013. CHA page 8.
[24] Montana Hospital Discharge Data System, 2011-2013. CHA page 9.
[25] BRFSS 2011-2013. CHA page 8 and 9.
[26] US and MT Vital Statistics. CHA page 7.
[27] http://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html
[28] BRFSS 2014.
[29] YRBS 2013, CHA page 8.
[30] Montana BRFSS 2014.

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		and US			**(Health Disparities)**	
Tobacco Use	Adults: Current cigarettes-18.9% Smokeless tobacco-7.1% Youth: Current cigarettes: 18.4%, Smokeless tobacco: 13.1%	Adults: Cigarettes MT 19.0%, US 19.0% Smokeless Tobacco MT 8.0%, US 4.3% (statistically higher) Youth: Cigarettes: MT: 13.1%, US 15.7% Smokeless: MT: 13.4%, US 8.8% (MT higher than US) 29.5% of HS students report electronic tobacco use in the last 30 days.[31] Any tobacco use in past month: 38.5%	Tobacco use linked to heart disease, stroke, asthma, COPD, lung cancer and other leading causes of death. Lewis and Clark County has a lung cancer death rate of 51.0 per 100,000 compared to 45.1 for MT and 48.4 for the US.	Tobacco use overall has ↓ (though smokeless tobacco use has remained steady for HS students)., but electronic tobacco use is an emerging public health concern.	In Montana, American Indians and low SES individuals are more likely to smoke along with younger adults, older and male adolescents and those with disabilities.	Adults: Cigarettes 12.0% Smokeless tobacco 0.3% Youth: Any tobacco use in past month :21%
Other respiratory disease	Death rate from Chronic Lower Respiratory Disease: 66.3 per 100,000 Have had COPD Lung Disease: 11.3% (Inpatient admission rate 860.1 per 100,)000	CLRD: MT: 50.7 US: 42.0 COPD: MT: 6.5% (Inpatient-716.8 per 100,000) US: 8.6% (560 per 100,000)	Chronic Lower Respiratory Disease is the 3rd leading cause of death in Montana	In US, there has been a decline in COPD cases since 2009.[32]	Smokers or those exposed to poor environmental air quality,	COPD Inpatient admissions-501 per 100,000
Skin Cancer						
Skin Cancer	Incidence for Montana: 26.3 per 100,000 people	Incidence: MT: 26.3 US: 19.7	Melanoma death rate: 2.85 per 100,000 in MT.	Nationally, skin cancer rates have	17% of MT female high school students report artificial tanning in the last	Reduce melanoma death rate to 2.4 per

[31] 2015 YRBS Full Report, OPI Website.
[32] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3707177/pdf/chest_144_1_284.pdf

	Have had skin cancer 10.6%[33]	Have had skin cancer: MT: 7.1% US: 6.7%		increased since 2002.[34]	12 months. (YRBS 2015) 90% of HS students in the US report not routinely using sunscreen.	100,000. Reduce percentage of adolescents who use artificial tanning to 14% Increase to 11% the percentage of adolescents who use sunscreen.

[33] CHA page 24
[34] http://www.cdc.gov/cancer/skin/statistics/trends.htm